



## Immunization Form

As mandated by the State of New Jersey (N.J.A.C. 8:57 -6.1-6.6) Essex County College is required to have on file, proof that **all full-time students** must have been immunized against certain preventable diseases (**Measles, Mumps and Rubella (MMR), Hepatitis B and Meningococcal** (all newly enrolled students) or provide evidence that they are exempt. Students have 60 days from the 1<sup>st</sup> day class to submit documents, except proof of COVID-19 vaccinations is to be submitted per the College's COVID-19 requirements. Students who are unable to provide all required admission documentation at the time of first enrollment may be granted provisional admission. Students who are provisionally admitted may not be eligible for financial aid.

The following documents are acceptable as evidence of immunization and the date it was administered:

- Official School Immunization Record
- A record from any public health department – with official physician's stamp
- Essex County College Immunization form signed by a physician

### Exemptions:

Medical condition

Religious reasons

\*Born before January 1, 1957 –

\*Does not apply to the Hepatitis B, Meningococcal

The section for healthcare providers **MUST** be completed by a healthcare provider. Forms signed by students or parent/guardian cannot be accepted. All forms mailed must be sent to the address listed below. Do not submit documentation to any other department. **Your name and ECC ID# or social security number MUST be on the form/s.**

Specific detail of New Jersey immunization regulations may be found at [www.cdc.gov](http://www.cdc.gov).

Completed forms should be mailed or faxed to:

Essex County College  
Enrollment Services  
303 University Avenue  
Newark, New Jersey 07102  
Fax- # 973-877-3446

# Immunization Form

**Part 1: To be completed by student**

Name \_\_\_\_\_  
Last (Please Print)
First
MI

Address \_\_\_\_\_  
Street
Apt
City
State
Zip Code

Email \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ ECC ID # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Part 2: Immunization History- To be complete by a Health Care Provider.** Mandatory, two vaccinations for Measles, One vaccination for mumps and rubella or two doses of MMR AND three doses of Hepatitis B and meningococcal. There are 2 types of meningococcal vaccines (Meningococcal MenACWY and MenB) available in the United States that are routinely recommended for certain persons. There are also different COVID-19 vaccines.

<u>Vaccine</u>	<u>Date of Dose 1</u>	<u>Date of Dose 2</u>	<u>Date of Dose 3</u>
Measles			N/A
Mumps		N/A	N/A
Rubella		N/A	N/A
*MMR			N/A
*Hepatitis B			
**Meningococcal MenACWY			N/A
**MenB		N/A	N/A

\*OR

MMR Titer	Date:
Hepatitis B Titer	Date:

OR

Documentation of laboratory blood tests confirming immunity to MMR or Hepatitis B

Is the student vaccinated? \_\_\_\_\_ YES \_\_\_\_\_ NO

COVID-19 Vaccine	Date of Dose 1	Date of Dose 2	Booster/Date

**Part 3: Healthcare Provider Signature- Must be signed and stamp.**

I certify that the above-named student has received measles, mumps, rubella and Hepatitis B, meningococcal and COVID -19 vaccines as described. The dates indicate when immunizations were given.

Health Care Provider \_\_\_\_\_  
Print Name

Include Official Stamp

Health Care Provider Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Office Number (\_\_\_\_) \_\_\_\_\_ Office Address \_\_\_\_\_